

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>085050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/31/2017</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CADIA REHABILITATION BROADMEADOW</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>500 SOUTH BROAD STREET MIDDLETOWN, DE 19709</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS  An unannounced complaint survey was conducted at this facility from January 30, 2017 to January 31, 2017. The deficiencies cited in this report are based on observations, record reviews, staff interviews, and review of other facility documentation. The survey sample size was eight (8) including four (4) closed records. The facility census the first day of the survey was one hundred and seventeen (117).  Abbreviations/Definitions used in this report are as follows: NHA- Nursing Home Administrator; DON- Director of Nursing; RN- Registered Nurse; LPN- Licensed Practical Nurse; Cognitively intact - Able to make own decisions; Hydrocolloid Dressing- an opaque dressing used on wounds to promote healing; Minimum Data Set (MDS)- An assessment tool used to assess nursing home residents; mg-[Milligram]-metric of unit weight, 1 mg equals 1 ounce; Normal Saline Solution- salt solution used to clean wounds; Pressure Ulcers (PUs) - sore area of skin that develops when blood supply to it is cut off due to pressure; Sacrum-triangular bone in the lower back between the two hip bones.	F 000		
F 281 SS=D	483.21(b)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS  (b)(3) Comprehensive Care Plans  The services provided or arranged by the facility, as outlined by the comprehensive care plan,	F 281		3/3/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE <b>02/14/2017</b>
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 281	<p>Continued From page 1 must-</p> <p>(i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on surveyor observation, staff interview, and a review of a clinical record, it was determined that the facility failed to use acceptable nursing standards of clinical practice when administering medications to 1 (R1) of 8 sampled residents. Nursing staff gave medications to R1 then left the resident without ensuring that R1 had taken the medications. Findings include:</p> <p>Review of R1's clinical record revealed:</p> <p>Admission Minimum Data Set completed on 12/8/16 documented that R1 was severely cognitively impaired.</p> <p>Another MDS completed on 1/4/17 documented that R1 was moderately cognitively impaired.</p> <p>Surveyor observation on January 30, 2017 at 7:42 AM:</p> <p>R1 was in the sitting area of Everett 1. The surveyor observed the resident in a wheelchair and he/she had a number of medications in a cup. R1 was taking a few of the medications at a time. There were no staff or residents in the area. After approximately a minute or so E4 (LPN) came out of a resident's room and observed the surveyor with R1. E4 acknowledged that he/she gave R1 medications and then E4 went over to watch R1 take the last of the medications. During a brief interview immediately after the above event, E4 stated to</p>	F 281	<p>A: Resident R1 was not adversely impacted by the deficient practice. However there was a potential for missed medication because the nurse E4 was not present for the entire time of the medication administration.</p> <p>B: All residents have the potential to be affected by this deficient practice. Future residents will be protected from this deficient practice by taking corrective actions outlined below in section C.</p> <p>C: Identified nurse E4 was educated on the rights of medication administration including observation that medication is taken by residents. The root cause of this deficient practice was determined to be that the nurse E4 was not aware that the resident was confused when she administered the medication to resident R1. Policy implemented on regarding the rights of medication administration. All nurses will be educated on the rights of medication administration including observation that the medications have been taken in order to ensure that right residents received the right medications at the right time as prescribed.</p> <p>D: DON/ designee to audit observation of medication administration of 10% of residents on each unit daily X 3 until we consistently reach 100% compliance.</p>	

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F 281	<p>Continued From page 2</p> <p>the surveyor that he/she knew that R1 was not supervised regarding medication administration then stated R1 "is fine."</p> <p>Current physician's orders in effect for January 2017 and the January 2017 electronic Medication Administration Record (eMAR) for R1 reflected the following morning (8:00 AM) medications:</p> <p>Acetaminophen (pain medication)- 2 tablets- 325 milligrams (mg) Amiodarone (heart medication)- 1 tablet- 100 mg Amlodipine (high blood pressure medication) 1 tablet- 10 mg Docusate Sodium (stool softener) 1 capsule- 100 mg Vitamin D3- 1 tablet- 1,000 units Multivitamin- 1 tablet</p> <p>According to Lippincott's Nursing 2016 Drug Handbook, the 8 rights of medication administration are as follows: 1. Right patient, 2. Right medication, 3. Right dose, 4. Right route, 5. Right time, 6. Right documentation, 7. Right reason, and 8. Right response. (Reference: Nursing 2016 Drug Handbook. (2016). Lippincott Williams &amp; Wilkins: Philadelphia, Pennsylvania). Nurses who administer medications are to observe that the medications have been taken in order to ensure the right resident received the right medication(s) at the right time as prescribed.</p> <p>The surveyor discussed the above findings on 1/30/17 at approximately 3:00 PM with E1 (NHA) and E2 (DON) and again at the exit conference on 1/31/17 at approximately 2:45 PM.</p>	F 281	<p>THEN, DON/ designee to audit observation of medication administration of 10% of residents weekly X 3 until we consistently reach 100% compliance.</p> <p>THEN, DON/designee to audit observation of medication administration of 10% of residents monthly X 1 until we consistently reach 100% compliance. At this time the deficient practice will be considered resolved.</p> <p>All observation audits will be reviewed and discussed at the QA meeting.</p>	
F 514 SS=B	<p>483.70(i)(1)(5) RES</p> <p>RECORDS-COMPLETE/ACCURATE/ACCESSIB</p>	F 514		3/3/17

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F 514	Continued From page 3 LE  (i) Medical records. (1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-  (i) Complete;  (ii) Accurately documented;  (iii) Readily accessible; and  (iv) Systematically organized  (5) The medical record must contain-  (i) Sufficient information to identify the resident;  (ii) A record of the resident's assessments;  (iii) The comprehensive plan of care and services provided;  (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;  (v) Physician's, nurse's, and other licensed professional's progress notes; and  (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Based on staff interviews and a review of a clinical record as well as other facility documents, it was determined that the facility failed to	F 514	A: Resident R7 was not adversely affected by the deficient practice. Dressing was changed every 3 days	

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F 514	<p>Continued From page 4</p> <p>maintain clinical records specifically skin assessments and one medication record that reflected clear and/or accurately documented information for 1 (R7) of 8 sampled residents. Findings include:</p> <p>R7's skin integrity event record dated 1/15/17 showed that R7 had an open area on the sacrum which was documented to be a pressure wound.</p> <p>Physician's order from 1/15/17 to cleanse sacral area with normal saline solution pat dry then apply hydrocolloid dressing every 3 days until healed.</p> <p>The electronic treatment administration record (eTAR) for January 2017 showed the above physician's order treatment was done one time and then discontinued.</p> <p>The wound care nurse documentation dated 1/17/17 reflected that R7 had a pressure ulcer to the sacrum region.</p> <p>Physician's order dated 1/18/17 was- to cleanse sacral area with normal saline solution pat dry then apply hydrocolloid dressing every 3 days until healed.</p> <p>The January 2017 eTAR showed that the treatment as stated above was documented by staff as done every day from 1/18/17 until 1/31/17 rather than every 3rd day as ordered.</p> <p>During an interview on 1/31/17 at approximately at 1:45 PM with the surveyor, E5 (LPN) stated that staff do the dressing changes every 3 days but they are looking daily to make sure the dressing is still on and that no dressing change is</p>	F 514	<p>(even though it was signed off daily.) Order was clarified upon discovery. The wound was healing during this time. The wound is completely healed at this time.</p> <p>B: All residents with wounds have the potential to be affected by this deficient practice. Future residents will be protected from this deficient practice by the corrective action outlined below in section C.</p> <p>C: Education provided to nurse E5 on correct order entry. Education provided to nurse E5 on correct skin check documentation. All nurses will be educated on proper order entry and skin check documentation. A root cause analysis determined that the nurse did not enter the order correctly in the EMAR. Another root cause analysis determined that the nurse did not correctly interpret the skin check instructions.</p> <p>D: Unit Manager/designee to audit 10 % of order entry and skin checks weekly X 4 for correct documentation until we reach 100% compliance. THEN, Unit Manager/designee to audit 10% of order and skin checks Monthly X 1 for correct documentation until we reach 100% compliance. At this time deficient practice will be considered resolved.</p> <p>All audits will be reviewed and discussed at the QA meeting.</p>		

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F 514	<p>Continued From page 5</p> <p>needed. E5 who works on the unit full time confirmed that the treatment documentation on the January eTAR did not accurately reflect that the treatment had been done every three days.</p> <p>Skin assessment completed by E6 (RN) on 1/19/17 documented the following: Is there any skin issue? Staff documented -No If yes (there is skin issues) list all skin issues. Staff documented- No new skin issues R7 did have a skin issue and was receiving treatments for a sacral pressure ulcer.</p> <p>Skin assessment completed by E6 on 1/26/17 documented the following: Is there any skin issue? Staff documented -No If yes (there is skin issues) list all skin issues. Staff documented- Treatment in place for a sacral tear As stated above the resident had a skin issue which was a pressure ulcer not a skin tear and R7 was receiving treatments.</p> <p>During an interview with the surveyor on 1/31/17 at approximately 2:30 PM, E2 (DON) stated that E6 who completed the skin assessments was a new nurse. E6 did not interpret the questions accurately and staff will work with him/her to ensure assessments are completed accurately. E2 stated that the wound care notes and progress notes accurately reflect the resident's condition and wound healing progress.</p> <p>The surveyor discussed the above findings with E1 (NHA) and E2 at the exit conference on 1/31/17 at approximately 2:45 PM.</p>	F 514		



DNSS - DELORF  
3 Mill Road, Suite 308  
Wilmington, Delaware 19806  
(302) 421-7400

STATE SURVEY REPORT

Page 1 of 1

NAME OF FACILITY: Cadia Broadmeadow

DATE SURVEY COMPLETED: January 31, 2017

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
3201	An unannounced complaint survey was conducted at this facility on 1/30/2017 and 1/31/2017. The deficiencies contained in this report are based on staff interviews, and review of other facility documentation. The survey sample size was 8 including four closed records. The facility census the first day of the survey was 117.  <b>Regulations for Skilled and Intermediate Care Facilities</b>		
3201.1	<b>Scope</b>		
3201.1.2	Nursing facilities shall be subject to all applicable local, state and federal code requirements. The provisions of 42 CFR Ch. IV Part 483, Subpart B, requirements for Long Term Care Facilities, and any amendments or modifications thereto, are hereby adopted as the regulatory requirements for skilled and intermediate care nursing facilities in Delaware. Subpart B of Part 483 is hereby referred to, and made part of this Regulation, as if fully set out herein. All applicable code requirements of the State Fire Prevention Commission are hereby adopted and incorporated by reference.  This requirement is not met as evidenced by: Cross Refer to the CMS 2567-L survey completed January 31, 2017: F281 and F514	<b>Cross-Refer</b>  <b>F281, F514</b>	<b>3/3/17</b>

Provider's Signature

*Clark, Rumer*

Title Administrator

Date 2-14-17